



# Application for Travis County District Attorney's Office Pretrial Diversion Program

## I. Information

(Section I is to be filled out by the attorney of record, not the Defendant)

1. Defendant's Name: \_\_\_\_\_
2. Cause Number(s): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
3. Case is currently assigned to the \_\_\_\_\_ Criminal District Court, Travis County, Texas
4. Type of case: \_\_\_\_\_
5. Prior Contacts with Law Enforcement and the Criminal Justice System. This includes juvenile records regardless of disposition, adult arrests/citations regardless of disposition, and out-of-state arrests or citations regardless of disposition, at the time of application, not at the time of offense. The application must be supplemented if there are additional contacts with law enforcement or the criminal justice system after the application is filed. This section does not include traffic citations.

Date of Arrest/Citation	Place of Arrest/Citation	Offense	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. As attorney of record for Defendant, I certify that the following documentation is provided for the following offenses:
  - Theft/property related offenses: to the extent possible, any relevant restitution information
  - Weapons related offenses: a Motion to Forfeit Weapon

## II. Acknowledgement of Defendant

I, \_\_\_\_\_, have been advised by my attorney that I may be eligible for participation in a Travis County Pretrial Diversion Program (*hereinafter PTD*). I have also been fully advised of the details of *PTD*. Further, I have been fully advised by my attorney of my constitutional rights as a criminal defendant and that the same will be set forth in writing and explained to me before I make any agreement to participate in *PTD*. I will be required to waive said constitutional rights.

If I am admitted into *PTD*, it is my further understanding that I will abide by all terms and conditions of the *PTD* Agreement as explained to me by my attorney, including the payment of a program fee in the amount of \$720. This Fee is non-refundable. If defendant subsequently fails out of the *PTD*, this fee shall not be applied towards court costs or probation fees. Payment should be in the form of a cashier's check or money order, payable to Travis County Community Supervision and Corrections Department.

I hereby apply for status as participant in *PTD* and request that the District Attorney temporarily abate proceedings in order to permit consideration of this application. I understand that the final decision to commence criminal proceedings or to divert from prosecution in my case rests with the District Attorney.

I authorize the District Attorney's Office to conduct an investigation to determine my suitability for this program. I understand that the investigation may include interviews of persons deemed necessary by the District Attorney's Office. I authorize the District Attorney's Office to conduct such interviews and review records concerning me in the possession of such persons in a reasonable manner.

I understand that a false answer to any question during this interview may be grounds for recommendation against placement into this *PTD* or removal after placement in a *PTD*, in which case the District Attorney will resume prosecution on the original charges.

I understand that if I am accepted into a *PTD* the information obtained from me can be used against me on the issue of guilt in any future prosecution for this offense. However, if I am not accepted into *PTD* neither this agreement nor any other document filed with the District Attorney as a result of my application to *PTD* will be used against me.

## III. The Program

Travis County Pretrial Diversion Program is an alternative to prosecution offered by the Travis County District Attorney's Office, which seeks to divert certain offenders from traditional criminal justice processing into a program of supervision and services administered by the Travis County District Attorney's Office, in conjunction with the Travis County Community Supervision and Corrections Department.

Travis County Pretrial Diversion Program is an exercise of prosecutorial discretion according to standardized guidelines which attempt to identify offenders most susceptible to rehabilitation and to focus rehabilitation efforts on them very early in the criminal justice process. The exercise of prosecutorial discretion centers on determining which offenders have not adopted a criminal life pattern and would benefit from being diverted out of the criminal justice system. Diverting these individual offenders is one aspect of the overall effort to make criminal sanctions more appropriately fit the individual and would have the effect of freeing prosecutorial and court resources for more serious offenders, thereby reducing recidivism and danger to the community.

Participation in *PTD* by the defendant is voluntary. Participants of *PTD* will enter into a binding contract with the District Attorney's Office. The contract is finalized upon signatures of the prosecutor, the defendant, and the defendant's attorney. The contract outlines that participants who successfully complete *PTD* will not have prosecution instituted against them for the offense or will have the charge against them dismissed; participants who do not successfully complete *PTD* will be sent back to trial court for prosecution.

#### IV. Eligibility Criteria

The following non-exclusive list of factors will be considered for a defendant's acceptance into *PTD*:

1. The nature and type of offense, as well as the circumstances surrounding the commission of the offense, including any potential harm to the community by the defendant.
2. The defendant's criminal history and/or prior contacts with law enforcement, including juvenile offenses and all non-traffic offenses. Any prior conviction or deferred adjudication for any offense, other than minor traffic offenses, will significantly impact consideration for *PTD*.
3. Defendant's acceptance of responsibility for the underlying offense as articulated in his/her version of the offense in Section VII of this application.
4. Defendant cannot test positive for any illegal drugs or non-prescribed controlled substances.
5. Defendant's substance abuse issues or other similar conditions that would best be monitored in a formal probation environment or participation in a specialty court supervised by the Travis County District Attorney's Office.

#### V. Process

1. Applications for *PTD* can be obtained from the Travis County District Attorney's Office at 509 West 11<sup>th</sup> Street, Austin, Texas 78701 or online at <https://www.traviscountytx.gov/district-attorney/programs> under the Defense Attorney Information tab.
2. Defendant's attorney of record must electronically submit the completed application and any other supporting documents to **TCDAPreTrial@traviscountytx.gov**.
3. The application will be reviewed and the defendant's attorney will be notified regarding defendant's acceptance into the *PTD*.
4. Once accepted into *PTD*, Defendant's case will be transferred to the 147<sup>th</sup> Criminal District Court and defendant's attorney of record shall contact the court coordinator of the 147<sup>th</sup> Criminal District Court to obtain an initial *PTD* docket setting.
5. On the initial *PTD* docket setting, all involved parties will convene in person to sign the Specialty Program Agreement.
6. Should a violation of the agreement occur, the defendant and the defense attorney will be notified. The decision to terminate an individual for breach of conditions rests exclusively with the District Attorney's Office.
7. Upon successful completion of *PTD*, the Travis County District Attorney's office will not pursue any further prosecution of this offense.
8. Defendant's underlying case(s) will remain pending during the term of *PTD*.
9. Following successful completion of *PTD* and after Defendant's case is dismissed, Defendant may seek an expunction of the underlying case, unless otherwise prohibited by law. Acceptance into *PTD* and successful completion of the program does not automatically make the defendant eligible for an expunction.

## VI. Personal Data Sheet

### Personal Information (please print)

Full Name: \_\_\_\_\_  
FIRST MIDDLE LAST

Maiden Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Any other name(s) used: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Apt. # City State Zip Code

Mailing Address: \_\_\_\_\_  
Apt. # City State Zip Code

County of Residence: \_\_\_\_\_ How long at current physical address: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Gender: \_\_\_\_\_

Marital status: \_\_\_\_\_ Number of dependents: \_\_\_\_\_

Driver's License/ID (circle one) Number: \_\_\_\_\_ State: \_\_\_\_\_

Email address(es): \_\_\_\_\_  
\_\_\_\_\_

List all social media accounts and screennames (e.g. Facebook, Twitter, Instagram, SnapChat, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any prescription medications? YES NO

If yes, please list those medications: \_\_\_\_\_

### **Employment Information**

Employment Status (*circle one*):      Full-Time      Part-Time      Unemployed      Student

Seasonal      Retired ☐      Disabled

Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ How long have you worked there? \_\_\_\_\_

Address: \_\_\_\_\_

Street

Suite #

City

State

Zip Code

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ If unemployed, how long? \_\_\_\_\_

### **Education**

Highest Grade Completed: \_\_\_\_\_ School? \_\_\_\_\_

Current student?    **YES**    **NO**    If yes, what school? \_\_\_\_\_

### **Substance Abuse History**

Have you ever participated in a substance abuse treatment program?    **YES**      **NO**

If yes, when and where? \_\_\_\_\_

Have you ever participated in any support group (*e.g.* AA)?    **YES**      **NO**

If yes, please indicate which support group(s) \_\_\_\_\_

### **Defense Attorney's Information**

Full Name: \_\_\_\_\_

FIRST

MIDDLE

LAST

Phone Number : \_\_\_\_\_ Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Apt. #

City

State

Zip Code

## VII. Certification

I certify that the above listed information is true and correct to the best of my knowledge and all proper documentation has been provided in the application.

\_\_\_\_\_  
Attorney of Record (printed name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Attorney of Record (signature)

\_\_\_\_\_  
Phone number

*I swear and certify the information contained in this application is true and correct and I did not withhold any information and I understand that failure to complete the application true and correct or to withhold any information shall be grounds for removal from the program.*

\_\_\_\_\_  
Defendant (signature)

\_\_\_\_\_  
Date

SWORN AND SUBSCRIBED before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

*(Please print or type; must be willing to take responsibility for actions in the underlying offense)*

[illegible]

### Goals for the future / Additional information for consideration

[illegible]